

**Testimony to the Human Services Committee  
Regarding Proposed Cuts to the Medicaid Budget**

February 26, 2013

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My name is Dr. Dennis McBride, Director of Public Health, Milford, Connecticut, and President of the CT Oral Health Initiative (COHI), a statewide coalition of people and organizations that promotes oral health in Connecticut by raising public awareness of its importance and by advocating for improved access to care and education. Oral Health is integral to our physical well-being and the oral health care system is part of our larger health care system; with that as the base of our understanding, policy making might really be changed for the better.

First I'd like to thank Senator Gayle Slossberg and Representative Cathy Abercrombie, co-chairs of the Human Services Committee and the entire committee, not only for holding this hearing, but for your decisions and hard work through this difficult economic crisis. I appreciate this opportunity to provide input as the General Assembly makes some very difficult budget decisions.

I wanted to provide this testimony today regarding the proposal to eliminate dental care for approximately 40,000 adult parents presently covered by HUSKY, who are in the income range of 133%-185% of the poverty level. These parents would be eligible for the Health Insurance Exchange (HIX), which, unfortunately, does not cover dental and oral health care except as a separate rider. This type of care is also not covered by the tax incentive to have health coverage. Because these individuals cannot, most likely, afford such care, it can further impact on their willingness to seek oral health care for their children. This drastic cut is a bad idea as proposed due to its ramifications throughout the entire system. As we at COHI have testified earlier at similar forums, there are both health and economic implications of this cut that I would like to enumerate for you all once again as you strive to make difficult decisions that will affect us.

As an advocate for oral health, I face the challenge of getting people who have access to regular and preventative care to understand the extreme and severe nature of health problems resulting from untreated oral health issues and the resulting costs of caring for these problems. There is a plethora of scientifically based evidence establishing the link between oral health and overall human health. I want to give you some key points about the evidence-based consequences of eliminating this dental coverage for adults in the HUSKY program:

**1) If all dental services are eliminated for adults across this program, there can be a dramatic increase in emergent healthcare costs, for which we will all pay.** The bottom line is that preventative dental care is far cheaper than managing the problems resulting from untreated oral health issues. The cost of preventative and restorative care is miniscule compared to the myriad systemic health conditions and diseases that can emerge in people who do not get this treatment. In CT a three year study done in 2009 showed that emergency room care is 10 times more expensive than that same or better care delivered in a dental home or community clinic setting.

**2) Dental caries is an infectious disease that can be prevented through our public health system and should not be allowed to go unchecked.** Caries is a disease caused by specific bacteria. It results in cavities. The

bacteria are transmitted from parents to newborns and young children, infecting them and continuing the cycle of decay, disease, and possible tooth loss. Dental caries is the single most common health condition affecting children in the U.S., five times more prevalent than asthma.

3) Persistent and consequential oral health disparities exist within the U.S. population, and reducing these oral health disparities is central to the overall goal of improving population health. Eliminating dental coverage for the parents of children enrolled in the HUSKY program can adversely affect their children. Lack of regular access to dental care has been directly related to many serious and expensive systemic health conditions and diseases, such as heart disease, diabetes, systemic infection, pneumonia, and more. While this is particularly true for the elderly, disabled, and other special needs populations, it can severely affect these parents as well. They will seek more emergency room care; require more hospitalizations; and experience pain, suffering, and life-threatening infections. The absence of regular care means that problems such as pre-cancerous lesions and periodontal disease go undetected and can develop into painful, expensive and sometimes fatal cancer, heart disease, or diabetes. And, if the tendency is not to seek care for their children, because they cannot obtain it for themselves, the prophecy becomes self-fulfilling.

4) These proposed cuts would also impact our health infrastructure. Community health centers and other safety net facilities will lose significant numbers of insured patients and experience declining revenues. Thanks to the increase in reimbursement rates for providers of dental services to HUSKY children, many kids are now finding dental homes with private providers along with their parents. As such, many community dental clinics now serve predominantly adult populations. If this proposal is enacted, these community based organizations will see a shift in their patient base and will not be able to cope with the extent of emergency services needed, besides seeing their revenue streams decline significantly.

5) Hospital emergency departments can see a dramatic increase in visits for dental emergencies. Most of our hospitals are not equipped to deal with specific oral health problems. Patients will not receive effective care for their underlying conditions; instead, they will get prescriptions for drugs to ease pain and stop infection, but only in a palliative manner. However, unlike other infections, those that originate in the mouth persist, thus leading to more painful and costly conditions. CT's emergency departments will be stressed coping with such conditions better dealt with in dental offices, impacting upon the emergency medical care coverage that they are actually equipped to deal with and which we will continue to need.

6) Finally, these proposed cuts would negatively impact adult nutrition, employability, and self-esteem. Many more people will lose teeth and not be able to get dentures. Furthermore, adults who suffer unsightly and painful dental problems are embarrassed to open their mouths and often cannot concentrate or sleep. They do not participate fully in life as productive workers, parents, and citizens. This is costly in every respect. *It is also completely preventable.*

We at COHI know that you continue to face the complex task in addressing revenue shortfalls in this budget process. COHI encourages you to consider the potential ramifications of removing these 40,000 adults from the HUSKY program. The hidden impact derived from higher usage of less than adequate emergency room services, and the potential effect on their offspring by playing down the importance of regular dental care can cause more financial stress than can be ameliorated by these cuts. We believe that it is fundamentally wrong to balance the budget by enforcing a "tooth decay and oral disease tax" on CT's poorest citizens.

COHI believes that the proposal to eliminate non-emergency dental care for adults in HUSKY will result in increased, rather than decreased, economic consequences for these adults, their children, community providers and all taxpayers.

Please call upon us at COHI for any additional information or clarification you may need as you work through this complicated process. You can reach our Executive Director, Mary Moran Boudreau, at 860-246-2644 or via email at [maryb@cthealth.org](mailto:maryb@cthealth.org).

Thank you for your time and attention,

A. Dennis McBride, MD, MPH